Fulfilling Financial Duties

Finance

The National Foundation for Trauma Care states:

- Trauma care is not charity care
- Knowing payer mix is better for reimbursement
- Trauma Patients can be more challenging and more resource consumptive
- Trauma surgeons have higher levels of requirements than other general medical staff in responding for Trauma Team Activations
- Payment is deserved and should be pursued
- A cost center for trauma patients should be established

- Cost centers for Trauma Programs need to be established and closely monitored to continue to demonstrate the financial viability of your program.
- In this economic climate and with ever-changing healthcare structures, you must be able to show your program "pays for itself".
- You must know what is going out of your program (costs), what is coming into your program (reimbursement) and what the program "balance" is.
- The general surgeon who is on call for trauma is required to respond to all activations, based on activation level and requirements/expectations for that level.
- Many larger facilities are now providing trauma surgeons and other surgical specialists a call fee and/or "response" stipends to ensure continued surgical response for trauma.

Finance: Trauma Team Activation Fee

Only facilities that have been State Designated or are ACS Verified may bill for trauma team activation

Currently, more than half of all trauma facilities are State designated in Montana!!!

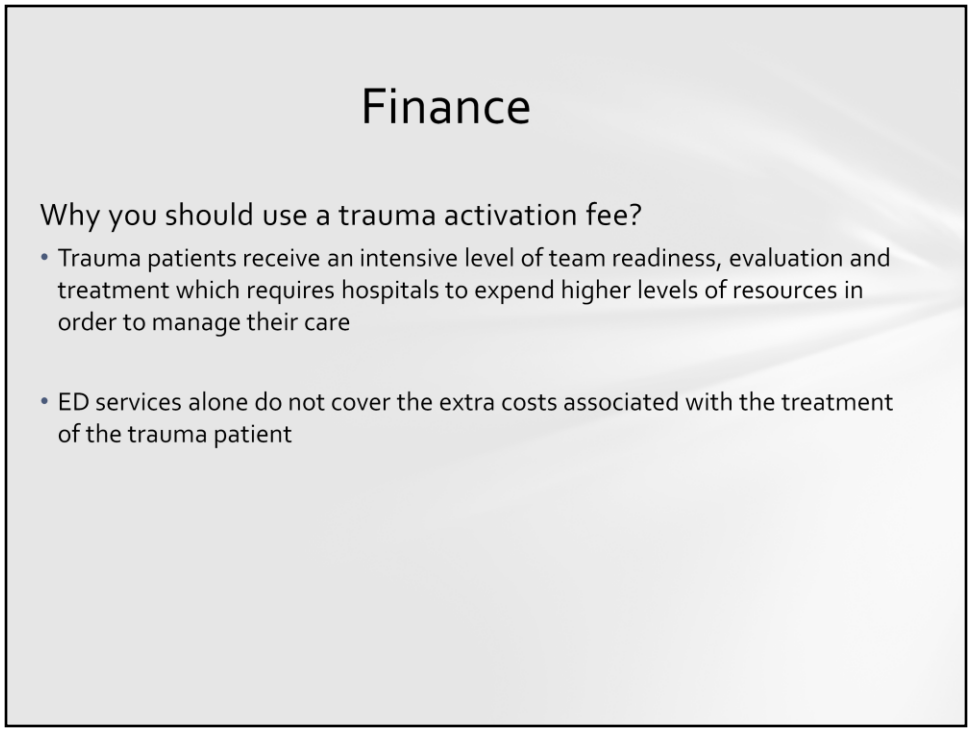
- Another benefit of trauma facility designation/verification is the ability to bill for activation of your trauma team (and pay some costs for your program), *provided;*
    - ❖ Your facility is state-designated and/or ACS-verified as a Trauma Center
    - ❖ The trauma patient meets established field activation criteria your facility has developed and implemented
    - ❖ The patient is brought to the facility by some form of EMS AND your facility received pre-hospital advance notification that enabled you to activate the trauma team (and you've documented it).
- In addition;
    - ❖ Trauma team activation fees are in addition to ED charges, not instead of them
    - ❖ Trauma team activation fees may be charged whether the patient is admitted, discharged, transferred or died.
    - ❖ Transfers should be ED to ED and by some form of EMS

Finance: Trauma Team Activation Fee

All designated/verified facilities should be working to develop and charge a fee for Trauma Team Activation

- You work hard for these patients, so you should expect reimbursement for the care and resources expended in taking care of them

- Unfortunately, no set fee structure for Trauma Team Activation billing exists, so each facility must develop its own fees.
- Involving fiscal staff who understand other fee development and implementation, the governmental rules and guidelines associated with those (including the latest in ever-changing regulations) and billing requirements is essential in developing charges that will stand up to auditing as to how your facility developed its fee.



- Resources used may include Trauma Team members, CT scan, Ultrasound, lab, additional radiology, anesthesiology, surgical staff, radiological interventional procedures, respiratory therapy.
- All resources may not be readily available at the time needed (middle of the night, for instance) and may need to be assembled.
- ED service charges do not cover the higher rate of call-in pay for those medical professionals.
- Fiscal staff will need to advise you as to how additional equipment and supplies may need to be addressed.
- As you know, some are already incorporated into ED level charges and cannot be separately charged for.
- Procedures and some equipment can be charged for separately, not in the Activation charge.

Finance

Why you should use a trauma activation fee?

- The hospital should receive some reimbursement for the costs of managing a Trauma Program (coordinator, registrar, injury prevention, education, etc.) since patients ultimately benefit from these services

Finance

Why you should use a trauma activation fee?

- Because of this program infrastructure, it costs a Trauma Center more to care for trauma patients than it does for a non-Trauma Center
- It is reasonable and fiscally prudent to seek reimbursement for costs incurred
- The TMD should be involved in this process
  - You have clout/leverage with Administration
  - You must be the lead advocate to ensure adequate resources are applied to build a successful, sustainable Trauma Program

Finance

Your facility must have an organized and identifiable "team" at your facility and there must be written criteria for trauma team activation implemented. It must be documented on the Trauma Flow Sheet (preferably) that the trauma team was activated, for what level and at what time.

- Your facility must have pre-determined and defined Trauma Team Activation Criteria.
- Refer to the CDC's Trauma Triage Field Decision Scheme, the ACS "Resources for Optimal Care of the Trauma Patient" or other trauma Team activation criteria.
- Everyone involved in trauma management (EMS, ED and medical providers) must be aware of the criteria and they must be easily understood and used consistently by all.
- Areas with excellent and highly-developed working relationships with EMS will expect EMS to advise activation of the Trauma Team based on the criteria.
- Others generally ask EMS for a report then make the activation decisions themselves.
- Either way, it's important for both EMS and ED staff to document activation decisions and the reasoning that led to them.

Identifying the Trauma Patient

- The Trauma Patient
  - Is the patient who is determined to need trauma team response and ED care based on pre-arrival information provided by EMS?

  or

  - A patient transferred to your facility (also needing trauma team activation) for definitive care that other facilities cannot provide?

    Example; a MVC patient in a small town who sustains injuries they are unable to definitively manage is transferred to a Level II Center for operative care. In this case, both facilities activated their trauma teams based on their criteria and both may bill for it.

Identifying the Trauma Patient

Other trauma team activations eligible for TTA billing (must meet criteria and be brought by EMS):

- ED to ED interfacility transfers
- Physician referral, from clinics, etc.

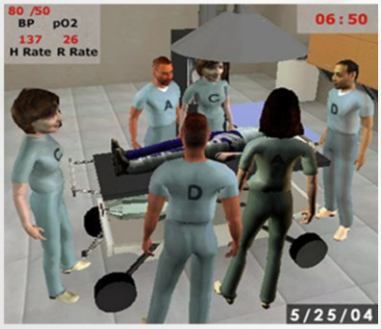
Always review and update:
Trauma Team Activation Criteria,
policies, guidelines and procedures

Meet the needs of the trauma patient and your facility!

Levels of Trauma Team Activation

Full Trauma Team Activation (highest)

- Surgeon present upon patient arrival
- All of identified Trauma Team members present; ED physician, ED nurses, EMS, RT, Lab, X-ray, CT, OR crew, anesthesiologist, scribe, additional team members



Levels of Trauma Team Activation

Partial Trauma Team Activation

- Usually initially ED physician
- If surgeon available, within certain time period
- OR crew & anesthesiologist as needed
- Other/modified list of Trauma Team members

Trauma Consult

- Surgeon evaluates the patient in the ED, ICU or floor usually within 3- 24 hours

Finance: Trauma Team Activation Fee

UB-92 CMS codes, revenue code 68x

medicareclaimsmanualo68Xcodes

o68X: Trauma Response Code

- X relates to the level of Trauma Center designation or verification (1-5)
- Allows for billing for the costs associated with the evaluation and treatment in the care of the trauma patient

- **Patients who arrive by private vehicle, police, walk-in to the ED (or arrive by any means other than EMS) ARE NOT ELIGIBLE**

- 068X Trauma response charge levels for trauma team activation and the related definitions (or requirements for implementation) can be found in the online manual:
  - ❖ Medicare Claims Processing Manual, 100-4, Chapter 25 "Completing And processing the Form CMS-1450 Data Set" pp 96-97
  - ❖ Website: http://www.cms.hhs.gov/Manuals/IOM/list.asp#TopOfPage
- Patients who DO arrive by some form of EMS BUT with insufficient pre-notification to activate the Trauma Team are not eligible for TTA fee billing

Finance

Revenue Category o68X

- Trauma Activation costs only
  - Activation fee and does not replace the ED visit fee
  - You will use both ED (o45X)and o68X (Trauma) charges

Finance

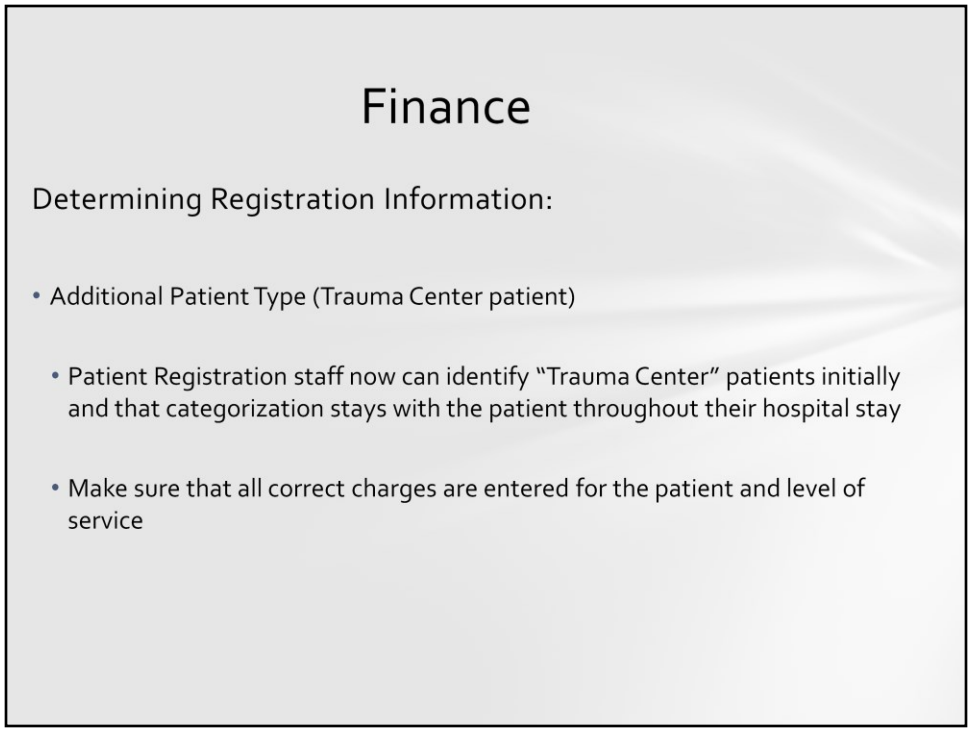
- Establishing a Trauma Service Cost Center

I. Evaluate and refine your list of charges

II. Automate the method for allocation of charges

- allows for automated coding and charge allocation and can even cue the provider for more complete documentation

This also means being aware of new trauma revenue codes to better document the hospital's status as a Trauma Center and the services rendered



- All patients are registered as a <u>type</u> of patient: "Emergent", "Urgent", "Elective" or "Newborn" (Form Locator 14, patient Types 1-4).

  - ❖ <u>Once a facility is trauma designated/verified, the facility may then register an additional Patient Type: "Trauma Center"</u>.

- Registration/Admitting/HUC staff (anyone responsible for registering patients) must be able to add/change to "Trauma Center" patient type for those patients who receive a trauma team activation.

- This provides the ability to easily track these patients and allows for ease/continuity of billing.

- ADDITIONALLY, since trauma patients NOT arriving by EMS may receive a trauma team activation (but you cannot bill for it), you may want to implement an additional area the registration person can complete for clarification of which can be billed & which cannot (an additional tracking tool as well) such as;

  ___ Trauma Center patient, met criteria, arrived by EMS

  ___ Trauma Center patient, met criteria, did not arrive by EMS

Finance

- Budget for the Trauma Program should include:
- Average number of annual activations and the estimated cost per activation
- Staff time/FTE & salaries
- Include Trauma Program time for:
    - Case reviews, including patient identification/auditing/review and preparation
    - Patient rounds
    - Education, both internal and external
    - ALL meetings, internal/external including RTAC, STCC
    - Equipment (computers, office supplies)
- Trauma team activation & call-in costs
- Any physician response, call and/or contract fees
- Costs associated with ACS site surveys

Finance

Budget for the Trauma Program

- The reimbursement generated from Trauma Team Activation fees should be reconciled back into the Trauma Program budget and not into the general fund of a facility
- Eventually, an important goal for the Trauma Program is to pay for itself with reimbursement funds acquired through Trauma Team Activation and other related fees
- If the Trauma Program employs PAs &/or NPs, their charges (distinct from physician charges) should also register as Trauma Program income

Finance

- Reference Materials & Resources:
  - 068X Trauma Response

  On-Line Manual: Medicare Claims Processing Manual, 100-4, Chapter 25

  "Completing and Processing the Form CMS-1450 Data set, pp 96-97:

  medicareclaimsmanual068Xcodes